

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003270

**FILED**  
**Mar 07, 2012**  
**Secretary of State**

**Entity Name:** NEW LIFE AFTER SCHOOL PROGRAM, INC.

**Current Principal Place of Business:**

301 WESTWARD DR.  
MIAMI SPRINGS, FL 33166

**New Principal Place of Business:**

1080 LABARON DRIVE  
MIAMI SPRINGS, FL 33166 US

**Current Mailing Address:**

P.O.BOX 660597  
MIAMI, FL 332660597 US

**New Mailing Address:**

**FEI Number:** 61-1553613      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RIVERO, EDUARDO  
610 RAVEN AVE  
MIAMI SPRINGS, FL 33166 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: RIVERO, EDUARDO  
Address: 610 RAVEN AVE  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: VP  
Name: RIVERO, MARIA  
Address: 610 RAVEN AVE  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: AS  
Name: LEON, HIPOLITO M  
Address: 555 E 5TH ST  
City-St-Zip: HIALEAH, FL 33013

Title: BM  
Name: PEREZ, GISELLE  
Address: PO BOX 660598  
City-St-Zip: MIAMI, FL 33266

Title: BM  
Name: BRICENO, BELKIS  
Address: 14713 SW 61 TERR  
City-St-Zip: MIAMI, FL 33193

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EDUARDO RIVERO

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03/07/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date